Entry Blank—Please Type or Print

Ms./Artist BRA	ND, GINN.	4
		(last name last)
Permanent 2995 N	NONTGOMER	ov RA
Address Street	City	7
Street	city	
SHAKERHTS 44	Daytime Tel. (1791-2350
Zip	area	
Temporary or 122/0	MAYFIEL	DAN CLEVE
Temporary or Studio Address /> 22/0	Street	City
44102	Daytime Tel. (1791-235
Zip	area	
If you do not presently live in or Reserve, in which county were yo		/estern
Reserve, in which county were yo	ou boill?	
Collaborator (if any)		
If May Show entries are not acc		
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City	0	Zip
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Entry Blank n be accepted.	, .o.mo re	ceived unsigned will not
		10 10 1
When necessary, include instruc	tions or a drawing for asse	mbling and displaying

an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

		☐ Graphic ☐ Crafts	s 🗆	☐ Photography (specify category)	
Materials used				(0)	, category,
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